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FAX COVER SHEET

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TO EXAMINER TEMICA BEAMER**

TO: Commissioner for Patents
Attn: Examiner Temica Beamer
Group Art Unit 2681
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313

FROM: David W. Victor

OUR REF: 0072.0048
TELEPHONE: 310-556-7983

Total pages, including cover letter: 2

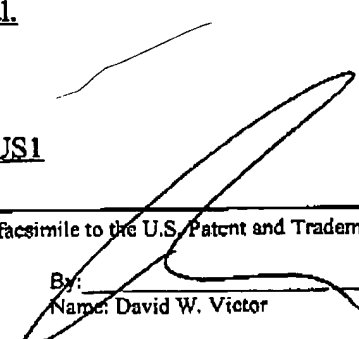
PTO FAX NUMBER 1-571-273-8300

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Description of Documents Transmitted: TRANSMITTAL FOR AMENDMENT
(+COPY); PTO/SB?17 FEE TRANSMITTAL; AMENDMENT (+ COPY); TERMINAL
DISCLAIMER TO OBVIATE A PROVISIONAL DOUBLE PATENTING REJECTION
OVER A PENDING SECOND APPLICATION

Applicant: R.W. Bassett et al.
Serial No.: 10/042,046
Filed: January 8, 2002
Group Art Unit: 2681
Docket No.: AUS920010552US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on
December 14, 2005

By: 
Name: David W. Victor

FORM PTO-1083

PATENT
AUS920010552US1
0072.0048IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
 R.W. Bassett et al.)
 Serial No.: 10/042,046)
 Filed: January 8, 2002)
 For: METHOD, SYSTEM, AND PROGRAM)
 FOR PROVIDING INFORMATION ON)
 USERS OF WIRELESS DEVICES IN A)
 DATABASE TO A PERSONAL)
 INFORMATION MANAGER)

Examiner: Temica Beamer

Art Unit: 2681

24033
 Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

- ☒ Amendment 2 pages.
☒ Terminal Disclaimer to Obviate a Provisional Double Patenting Rejection over a Pending Second Application.
☒ Fee Transmittal.
☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA RATE		ADDIT. FEE	OR	RATE		ADDIT. FEE
TOTAL	58	MINUS	58	=	0	x	\$0	OR	x 50	\$	
INDEP CLAIMS	6	MINUS	6	=	0	x	\$0	OR	x 200	\$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$	OR	+ 360	\$	
					TOTAL		\$0	OR	TOTAL	\$-0-	

- ☒ Please charge Deposit Account No. 09-0447 the amount of \$130 to cover the statutory disclaimer fee and also the amount of \$___ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 ___ A credit card authorization in the amount of \$___ to cover the extension fee is enclosed.
 ___ A credit card authorization in the amount of \$___ to cover the claim fee is enclosed.
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or any future or concurrent communication or reply, or credit any overpayment to Deposit Account No.09-0447. A duplicate of this sheet is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17, including all required extension of time fees.

Respectfully submitted,

Dated: December 14, 2005

David W. Victor
 Registration No. 39,867
 KONRAD RAYNES & VICTOR, LLP
 315 S. Beverly Drive, Suite 210
 Beverly Hills, CA 90212
 (310) 556-7983 (voice)
 (310) 556-7984 (fax)

CERTIFICATE UNDER 37 CFR 1.8:

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David W. Victor

 12/14/05
 Date

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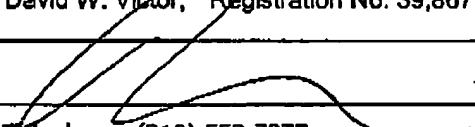
12/14/05
Date

PTO/SB/17
0072.0048


FEE TRANSMITTAL	Application Number	10/042,046
for FY 2005	Filing Date	January 8, 2002
	Inventor	R.W. Bassett et al.
	Group Art Unit	2681
	Examiner Name	Temica Beamer
Total Amount of Payment: \$ 130.00		Attorney Docket Number
		AUS920010552US1

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Claims ____ - 3* x \$200= \$ _____ Multiple Dependent 0 x \$360= \$ _____</p> <p>Subtotal \$ _____</p> <p>*(or number previously paid for)</p>	<p>FEE CALCULATION (continued)</p> <p>3. 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Submitted by:

Firm or Individual Name:	David W. Victor, Registration No. 39,867	Customer No. 24033
Signature:		
Date: December 14, 2005	Telephone: (310) 553-7977	

PTO/SB/17
0072.0048

FEE TRANSMITTAL for FY 2005 	Application Number	10/042,046
	Filing Date	January 8, 2002
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	Group Art Unit	2681
	Examiner Name	Temica Beamer
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